Commonwealth of Kentucky

HANDS

Health Access Nurturing Development Services

Issues and Answers

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HANDS 275 East Main Street Mail Stop HS2GW-B Frankfort 40621

November 8, 2001

HANDS Contacts in the Department for Public Health

Billing	Gary Grubbs	502-564-6663
Budget	Curt Rowe	502-564-2154
Coding	Libby Sammons	502-564-7213
Data Reporting	Brenda Chandler	502-564-2154
Evaluation	Brenda Chandler	502-564-2154
Finances	Paul Royce	502-564-6663
Issues & Answers	Sylvia Cherry	502-564-2154
Meetings Schedule	Sylvia Cherry	502-564-2154
Program Guidelines	Curt Rowe	502-564-2154
Public Relations	Sylvia Cherry	502-564-2154
Quality Improvement	Diane Chism	502-564-2154
Records	Libby Sammons	502-564-6663
Resource Mgt	Paul Royce	502-564-6663
TA Specialists	Melanie Adams	859-626-4261
	Laura Bronn	270-686-7744, x 5519
	Shauw Chin Capps	502-584-1424, x 239
	Diane Chism	502-564-2154
	Brenda Humphrey	606-886-2788, x 249
	Renee Knight	606-864-4764, x 118
	Scott Lockard	606-439-2361
	Cheryl Miller	606-674-8716; 606-674-6396
Training	Cheryl Miller	606-674-8716; 606-674-6396
Web Site	http://publichealth.state.ky.us/hands.htm	

Email Addresses:

Melanie Adams:	Melaniel.adams@mail.state.ky.us
Laura Bronn:	LauraL.bronn@mail.state.ky.us
Shauw Chin Capps	thecappsfamily@earthlink.net
Brenda Humphrey	brendaK.Humphrey@mail.state.ky.us
Renee Knight:	ClaireR.knight@mail.state.ky.us
Scott Lockard	scottL@mrtc.com
Cheryl Miller:	CherylK.miller@mail.state.ky.us
State Staff:	first name.last name@mail.state.ky.us

Assessment Codes

Health Departments may enter HANDS services into the PSRS Billing System as of 10/1/00 without complications.

Note that since July 1, 2000, health departments must report all services—assessment, professional visit, para-professional visit--on the supplemental reporting form in the PSRS Billing System.

Billing for First-Time Fathers November 8, 2001

Parent surveys (assessments) and any home visits completed prenatally will be billed to the mother's medical card. Billing may have to be resubmitted, however, since the mother may not be a first-time parent. Services will be reimbursed because the father is a first-time parent.

If a first "regular" billing has been denied, send in a HCFA form with a note attached informing Medicaid that we are serving a first-time dad. This note must be attached for each service.

Send directly to Lisa Lee or Beth Jennings at the Department for Medicaid Services, Mail Stop 6 W A, 275 East Main St., Frankfort, 40621.

Billing When Baby is Not Present November 8, 2001

If any assessment is completed after the birth of the baby, neither Medicaid nor tobacco funds can be billed if the baby is not present.

Codes

- XH100 is for assessment.
- WP501 is for a paraprofessional visit.
- WP502 is for a professional visit.

Crisis Families November 8, 2001

HANDS support workers are not crisis workers.

Families may require visits that are additional to one per week because of circumstances, such as, crisis interventions, special services.

These families with unusual situations should be referred to appropriate community resources. The home visit log should reflect the reasons for more intensive services.

Additional visits require a supervisor's approval and supporting documentation in the home visit log.

MDID Screen November 8, 2001

The MDID Screen (Medicaid ID) is set up in the local health departments' computers. The MDID verifies Medicaid eligibility. This screen can be used to confirm eligibility when the patient is without a Medicaid card. Medicaid does not accept a *copy* of the MDID Screen for rebilling of Medicaid denials.

Medical Card

Staff must verify once a month that a participant has a medical card. Efforts should be made to bill Medicaid funding. If the participant doesn't have Medicaid, coverage services can be billed to state funds.

Name on the MA card

Use the name that is on the Medicaid card. If you don't, payment for your services will be denied.

Medicaid Managed Care Region and Reimbursement for HANDS Services

Home visiting services under the HANDS program are exempt from the Medicaid Managed Care agreements.

Perinatal Home Visit

It is permissible to bill a perinatal home visit to Medicaid and to bill a HANDS home visit to the state on the same day. You will be reimbursed for both visits. Perinatal is billed through the PEF form, whereas HANDS is billed through the supplemental system. Under no circumstances can two HANDS visits be billed on the same day.

Prenatal and Post-Natal

Prenatal billing should go in Mother's Medicaid number, and after baby is born, billing will go to baby's Medicaid number even if the mother continues to have a medical card. Please see the forms guide for placement of forms in charts.

Reimbursement for Parent Surveys and Home Visits by Professional Staff

Regulations specify reimbursement from Medicaid or state dollars for a professional home visit. See the official state HANDS regulation, 902 KAR 4:120, HANDS program on the Legislative Research Commission's (LRC) website. Paraprofessional staff can also visit with HANDS participants and be reimbursed by either Medicaid or state funds.

Services

Services are entered on the Health Department Supplemental System as Resource Mothers has done in the past. Enter all Medicaid and Non-Medicaid Services.

- XH100 is for assessment.
- WP501 is for a paraprofessional visit.
- WP502 is for a professional visit.

State-Related Expenses

The sites bill $170, $160, and $110 but receive $160, $150, and $100. The state retains the $10 to pay for training, TAs, evaluation, and other expenses.

Turn-Around Time for Payments

HANDS payments for Medicaid are processed in the same way as preventive service payments. LHDs enter the visits as they occur. Then Central Data Processing (CDP) produces a tape for Unisys to process. Resource Management receives a Remittance Advice (RA) from Medicaid listing the amount of the claim and the amount for each participating LHD. Denials for payment with the appropriate denial code are also included in the RA. Resource Management produces a document to be paid through MARS. When Resource Management sends payment to the LHDs, a copy of the RA is included. This process takes about two weeks.

Unbillable Visits

A visit without the baby being present is ***not*** a billable service. A visit can occur without the baby being present in the home, but it is ***not*** a billable service**.** Billing requires that the baby be present in the home.

If the parent is not home, but baby is, you can visit with the caregiver. This visit can be billed but is not considered a normal HANDS visit. Only 25 percent of home visits can occur with a caregiver. Examples of a caregiver are grandparents, regular child care provider, siblings or other close relatives.

If parent is not at home, it might be more appropriate to work on their Family Goal Sheet, "What do you want for your baby" sheet, or something that does not involve the baby during that visit. This can be a productive visit, but it is ***not*** a billable service.

Visits without the baby and parent together should not be the "normal" visit. And they ***cannot*** be billed.

Abbreviations

Abbreviations such as MOB and FOB ***cannot*** be used in the charts. Mom, Dad, or even the parents' names can be used in the chart. Use only the abbreviations listed in the third edition of *Medical Acronyms, Eponyms, and Abbreviations.*

CHEERS Note

Fill in every blank. On each home visit log the CHEERS Section must be documented completely once the baby is born.

Confidentiality

HANDS records are to be treated very confidentially---just like STD information. Specific releases are needed to release HANDS forms whether information is a part of the medical record or is filed as a separate record. Please see the forms and charts guide for more detailed information.

Confidentiality of Records November 8, 2001

If you are making a report on a possible child abuse or neglect case, no release of information is needed. If the DCBS office is calling for information about a particular family, a release specifying that the HANDS record can be released must be signed by the patient or parent/legal guardian of the patient. The only other way information can be given to DCBS is under a court order.

HANDS records cannot be released unless there is a court order or signed consent specific to HANDS of the patient. This is written into the forms guide. It is important to repeat the message during site visits. HANDS records cannot be released unless there is a court order or signed consent of the patient or parent/legal guardian of the patient. If the HANDS program is making a report to P&P regarding a suspicion, no release is required. When you make a report to P&P requesting a home visit to evaluate your suspicions, follow up with the social worker to get an update on the plan of action (or lack thereof) resulting from your report.

Confidentiality of Records November 8, 2001

If we ask Department for Community-Based Services (DCBS) to investigate abuse, we have always instructed health departments to fill out one of DCBS's forms and to file it until the investigation is complete. Never release the patient's record to DCBS without the patient's express written consent or the express written consent of the patient's parent/legal guardian. The only other way information can be given to DCBS is under a court order.

Consent (Original) November 8, 2001

If a doctor's office or other agency request an original release of information a CH23 should be filled out. The original HANDS Release of Information/Program Consent should remain the participant's chart.

Consent-to Screen and Parent Survey forms and Mother's and Baby's Charts

Mother: If you work with the mother during her prenatal period, the screen, consents and parent survey will stay in the mother's chart

Baby: Once the baby is born, all new information *except* the Intake Summary and forms should be filed in the baby's chart. For more detailed information, check the forms guide in the Public Health Practice Reference.

Enrollment of the Mother after birth of baby

Two charts will need to be established. The mother's chart will include the screen, the mother's consent and release form, and the Intake Summary. All other forms will be placed in the baby's chart. Note that the Parent's Survey Score Sheet (ACH 303) should also go in the baby's chart as documentation for the assessment.

Fathers November 8, 2001

Charts will remain on Mother and Baby regardless if Dad is the first-time parent. The only exception would be if Mom is no longer in the family dynamic and the screen is completed on dad. Billing would continue under Baby's medical card or under state funds.

Function Codes November 8, 2001

The following is appropriate coding for HANDS:

Face-to-face contact services is 853/110 function code.
Creative outreach for families is 853/145 cost center.
Training is 853/180.
Transitional training is 881/180 (HANDS core training only).
Supervision is 853/160.

Intake Summary (ACH-302) November 8, 2001

The Intake Summary should no longer go in the baby's chart even when the assessment is completed after the birth of the baby. This service is still billed to baby. This is detailed information on mom and dad's childhood history. The Parent Survey Score Sheet (ACH-303), which shows the scoring of the assessment, is sufficient for documentation that the assessment was completed. The assessment after the birth of the baby **would still be billed to the baby's Medicaid number.**

So if the assessment is completed after the baby is born, a chart will need to be opened on mom to hold the screen, the Mother's Release of Information and Consent, and the Intake Summary.

The same procedure applies to the post assessment which is completed for the family to move from level 3 to level 4, or when the family is graduating from the program when the target child turns two years of age.

MOB / FOB

Abbreviations such as MOB and FOB cannot be used in the charts. Mom, Dad, or even the parents' names can be used in the chart.

Multiple Births

A chart should be set up on each child. Forms that can be copied from one chart to another are:

Parent Survey Score sheet
Levels
Contacts Log
Childproofing Checklist (if children share the same bedroom)
Child and Family Rating Scale
Exit

All other forms pertaining to the child would need to be completed on each child. The Referral Screen, Release of Information and the Intake Summary would be filed in the Mother's chart.

Bill only for the oldest child. Enter data into the HANDS software only for the oldest child. Twin A's or Twin's B's name should not appear in one another's charts. Even though billing and data entry occur only on the older twin, documentation should be completed for the younger twin.

Negative Screen

You do not need to keep an individual chart on all negative screens. Just keep them all in one file---or perhaps one file per county. (See also Refused Screens.)

Questionable Types of Visits

Note on the CH 3 service record any contact that meets the requirements of a visit type such as an attempted telephone call or an unscheduled in-clinic visit that lasts under thirty minutes. An example is a visit outside the home lasting fewer than thirty minutes.

Records Maintenance November 8, 2001

A "Release of Information" (CH23) is not necessary in cases of suspected neglect or abuse.

The ACH 310 (HANDS Community Based Services Report) is the only form required to report suspected abuse or neglect.

Records Maintenance: Mother's and Baby's Charts (Assessment)

November 8, 2001

Once the baby is born, the forms which pertain to services billable to the baby should be contained in the baby's chart. Do not copy the first assessment if it was done prenatally and place it in the baby's record. If the assessment is completed after the birth of the baby, the intake summary ACH 302 goes in the mother's chart. The parent survey score sheet ACH 303 goes in the baby's chart. The questionnaire portion (Intake Summary) of the assessment should be

place in the mother's chart and only the score sheet should be placed in the baby's chart. Thus, the baby's record will not contain sensitive information pertaining to the mother.

Records Retention November 8, 2001

If health departments are keeping a HANDS record separately, and there has been no activity on the record for five years, the record can be merged with the medical record. Both of these records can be kept in house in the closed file until the retention period is up (26 years as of November 8, 2001) or until the records are sent to archives. If, however, the HANDS records are kept in the medical record, that record can be purged after it has been inactive for five years and either kept for the 26 years in house or sent to archives.

Refused Screens

Refused screens will also need to be maintained in one file.
The state data coordinator will want to know a total of refused screens for data purposes.

Request for Records November 8, 2001

If a written request is made from a patient for their record or the record of their child, that request falls under medical records guidelines. Follow this protocol.

Release of Information See also Confidentiality of Records.

Specific releases are needed to release HANDS forms whether information is a part of the medical record or filed as a separate record. HANDS records are to be treated very confidentially---just like STD information. See the forms and charts guide for more detailed information.

Resource Persons and Hands, Switching

After the birth, the information is filed in the baby's chart.

Staff has historically written in the mother's health department **chart** for Resource Mothers home visits. But beginning July 1, 2000, any visit after the birth of the child will need to be recorded in the baby's chart**.**

Visit Number

All providers serving one HANDS family must maintain the chronological order (visit number) regarding the home visit log/contact log.

Child Protective Services

A family with a current and active CPS case should not be screened or assessed for the program. More serious cases of this type should be referred to other agencies, as HANDS is a prevention model and not an intervention model. However, if you have accepted a family in the program and later learn of the current CPS status, sites are to continue serving the family. Referrals to other agencies are also encouraged.

If a site finds out about a current Child Protective Services (CPS) status *after* the family is already in the program, continue to serve the family.

Child Protective Services November 8, 2001

In the discussion above, reference is to the target child only.

The family may be eligible for HANDS if the parent had a previous involvement with CPS with another baby.

Custody November 8, 2001

If a parent gives custody of the baby to grandparents, HANDS visitors cannot continue to see the baby because the grandparents are not first-time parents.

If custody is temporary and not permanent, then HANDS sites should continue to visit with the child, regardless of who is the temporary guardian.

Custody

If a parent loses custody:

Services can be offered to the new custodian if the person is a first-time parent. A new screen or assessment is not required because HANDS services are for the child's family.

If a parent has lost custody of her first baby before it reached 12 months of age, services can be offered at her next pregnancy. The second pregnancy would be considered her first parenting experience.

Enforced Enrollment

If a social service agent has told the parent(s) they must participate or the program is court ordered:

This is impossible under Kentucky's regulation 902 KAR 4:120.

Community agencies such as social services and the court system should be informed of HANDS guidelines in regulation 902 KAR 4:120. This states that HANDS is a **voluntary** program for first-time parents or guardians.

Death

Fetal: If a woman has experienced a fetal death, she is still eligible for HANDS services at her next pregnancy. The second pregnancy would be considered her first parenting experience.

Two billable home visitation services can occur for monitoring and case management within a 60-day period. These visits will be billed to the mother's medical card or to state funds if the participant does not have a medical card.

Infant: If an infant dies before reaching 12 months of age, services can be offered to the parent at the next pregnancy. The second pregnancy would be considered her first parenting experience.

Two billable home visitation services for monitoring and case management can occur in a 60-day period. Home visits made after the death of the baby should NOT be billed to the baby. These visits will be billed to state funds. We cannot bill Medicaid for a deceased person.

Fathers

A visit with the baby's father meets the home visit criteria if the curriculum is used or whatever service would have been used for the mom. Either parent can be the recipient of the home visit. In fact, HANDS wants to involve dads as much as possible.

A first-time dad can be served. Include as many fathers as possible. If they have had no experience with parenting, we can include them in HANDS. The regulations state any first-time parent or guardian. The screen will be completed on the mother unless the mother is no longer in the family dynamic.

Re-entry of Parent who has moved

If a family moves and then comes back into the area, they can re-enter the program**.** Services can continue if the family has not been out of the program more than three months, the Creative Outreach period, and a space on the caseload is still available.

Request for Service in a Different Location

A parent can choose the location for HANDS services. Example: a family lives a few miles beyond the adjacent county line and can choose to have HANDS services originate in a county other than the home county.

Refusal of services

Refusal of services during pregnancy but a request for the program after the baby is born:Services can continue once the baby is born but must be initiated before the infant is three months old.

Reassessment is required if more than a twelve-week period has elapsed. This assessment can be billed.

ELIGIBILITY ELIGIBILITY

Teenagers

Low intensity teens can be seen more often than one time a month.
Keep in mind, however, that the budget was based on an average of 12 visits a year for a teen in low intensive services. Services continue until the child is one year of age.

Toddlers

Following a family beyond the child's second birthday:
Services are primarily for pregnant women and infants and toddlers up to the second birthday, for first-time families. However, if a family continues to need intensive service--defined for these purposes as having not moved from Level 1 to Level 2--then home visitation services will continue until the child's third birthday.

SERVICES SERVICES

Assessment November 8, 2001

If a parent re-enters the program within three months of time, a new assessment is not required. An addendum to the original parent survey can reflect the changes to the original parent survey.

Child Care Giver

If someone such as a grandparent watches the child, but custody is with the parent, coordinators may be reimbursed for meeting with the caregiver provided that no more than 25 percent of the total visits are billed when the parent is not present. No more than 25 percent of home visits can occur with a caregiver rather than the parent.

However, the HANDS Regulations state that the home visitation program is for first-time parents or guardians only, not for relatives or friends caring for the child. Every effort must be made to meet with the parent and child.

Creative Outreach

When a family is on creative outreach, there should be weekly documented attempts to engage the family by the home visitor. This service is not billable.

Department for Community-Based Services (DCBS)

Home visits requested by DCBS can be delivered to parent and baby and billed as usual. However a visit to a parent without the baby being present *cannot be billed* to Medicaid or state money. A site may choose to provide home visits, even though it is not a HANDS billable service. The HANDS program does not assume the role of DCBS in the home with family.

Family Planning Counseling November 8, 2001

We provide **NO** family planning or counseling during a home visit.
On the Family Status Form, we inquire if there is a method of family planning.

However, we provide **NO** family planning counseling during a home visit. Instead refer the family member to a local health department or to a private physician.

Even if the person wants to discuss family planning during the home visit, have him/her contact the local health department. Give the name and telephone number. Emphasize that family planning is not part of our HANDS curriculum.

Department for Community-Based Services (DCBS)

Home visits requested by DCBS can be delivered to parent and baby and billed as usual. However a visit to a parent without the baby being present ***cannot be billed*** to state money***.*** A site may choose to provide home visits, even though it is not a HANDS billable service. The HANDS program does not assume the role of DCBS in the home with family.

Group Settings for a Visit

Under current guidelines, payment for contact in group meetings is ***not*** reimbursable by Medicaid or state funds. A group meeting can be counted as a visit within the Level System for HANDS.

Hospital Visit November 8, 2001

We must have face-to-face contact with the patient who is being billed.
A billable visit may occur in the hospital, because the baby is on the premises (even though in the hospital nursery).
An unbillable visit would be a situation in which the mother is at home but baby is still in the hospital.

Number of Visits per Day

Two HANDS home visits ***cannot*** occur on the same day. A parent survey and a home visit ***cannot*** occur on the same day.

Medicaid will allow only one visit per day. The same guidelines apply to state funding. HANDS is a weekly visitation program not a daily visitation program.

Number of Visits per Year

In fiscal year 2001 the HANDS budget is based on an average of 24 visits per year for the family.

Parent Survey after Birth of Baby November 8, 2001

After the birth of the baby for any Parent Survey (also known as an assessment), the baby must be present. On the Intake Summary document that the baby is present. The Parent Survey is to be billed under the baby's Medicaid number if applicable.

Spouse Abuse Shelter

A HANDS mom and child staying at a spouse abuse shelter can receive billable visits at the shelter.

The shelter is temporarily the target child's home so this would be coded in the HANDS software as an 01 or 02.

Visits other than in the Home

Both Medicaid and the program recognize the value of meeting the family outside the home environment on occasion. These may be billable visits. They are to be recorded in the HANDS software as an 04, a visit outside the home.

If a mom is enrolled in the program and then has her baby early, or has a baby with severe medical problems, she remains in the HANDS program. If she has to stay in a hospital for three months with the baby, she can be on Creative Outreach or Level 1 service.

If a mom has never been screened but has an NICU baby, she is still eligible for HANDS screening until the baby is twelve weeks old.

It is recommended that 75 percent (18) of the visits occur in the target child's home (01). The HANDS budget is based on 24 visits a year for the family.

There may be instances in which a HANDS mom and baby have CBS involvement, and the baby has been removed from the home. CBS requests HANDS home visits two times week (one visit with mom / baby /FSW and a supervised visit with CBS staff---FSW would do the GGK Curriculum) and (one time with mom and FSW in mom's home to work on "parenting skills" with mom). The visit with mom, baby, and home visitors and CBS staff is billable. A visit without the baby present is not billable.

Parent Survey / Assessments

Assessment (Post-Parent Survey)

In addition to requiring a Post Parent Survey when families are moving from Level 3 to Level 4, a Post Parent Survey for those families who graduate from the program and did not reach Level 3 will also be required. This would be for those families who remain in the program until their child is two years of age but never reach Level 3. For those families who exit for other reasons, i.e. drop-out, lost contact, etc., there would NOT be a Post Parent Survey. The Post assessment needs to occur **before** the child turns two years of age.

For those teen parents with a positive parent survey but enrolled in low-intensive services, a reassessment would not be required.

Level 1 P

Can see two to four times a month and bill.

Levels November 8, 2001

Eighty percent of the home visitor's responsibilities and 80 percent of the parents' requirements must be met before moving to the next level of service.

Levels of Care

If a family is trying to move from Level 3 to Level 4, and their assessment is still over 25, service should be continued at Level 3.

They can be re-assessed a third time. This assessment can be billed.

Male in the home and assessment

Only the father or the current partner in the home will be assessed.

Parent Survey November 8, 2001

If there is no open Child Protection Services (CPS) case, then an assessment can be done. If there *is* an open CPS case, then the assessment should not be done. In this instance, indicate the reason for no assessment on the bottom of the positive screen as CPS status. Do not complete an assessment just because the screen was completed before being aware of a CPS investigation.

Parent Survey

It takes an average of one to one and one-half hours to write an Intake Summary. More time may be needed for new parent visitors until they have had more practice with this skill.

Post-Parent Survey (Assessment)

In addition to requiring a Post Parent Survey when families are moving from Level 3 to Level 4, a Post Parent Survey for those families who graduate from

the program and did not reach Level 3 will also be required. This would be for those families who remain in the program until their child is two years of age but never reach Level 3. For those families who exit for other reasons, i.e.. drop-out, lost contact, etc., there would NOT be a Post Parent Survey. The Post assessment should occur before the child turns two years of age.

Teen in Foster Care and Scoring on the Parent Survey

Question #1 would score as a 10 and question #3 would score as a 0, if there isn't a Child Protective Services (CPS) involvement between the teen parent and child.

Visits Other Than the Home

If a mom is enrolled in the program and then has her baby early, or has a baby with severe medical problems, she remains in the HANDS program. If she has to stay at UK Hospital for three months with the baby, she can be on Creative Outreach or Level 1 services.

If a mom has never been screened but has an NICU baby, she is still eligible for HANDS screening until the baby is twelve weeks old.

Screens

Consent for Screening November 8, 2001

Health departments need a signed "Consent for Screening" so that the patient knows what is happening when a screening is done. This consent must be signed by the patient before a screening can take place. Never perform a screening on a patient without a signed consent form.

Fathers November 8, 2001

Fathers can be screened only when the mother is no longer in the family dynamic. The same charting procedures would apply to dad as to mom. The screen, dad's release of information/consent, and intake summary would be filed in the dad's chart IF and only IF the mom is not in the family dynamic.

Negative Screens

An individual chart need not be maintained on all negative screens. Just keep them all in one file---or perhaps one file per county.

Refused Screens

Refused screens will also need to be maintained in one file. The DPH data coordinator will want to know a total of refused screens

SUPERVISION SUPERVISION

Forms

Supervisory records are kept in a separate folder. There are examples in the Great Kids Inc. Program Managers Guide. Those were just other examples, not required, for supervision. TA staff will be reviewing the supervisory notes. Some sites were not aware to keep track of supervision dates and contents. Coordinators should be keeping track of supervisory contacts per credentialing standards.

TRAINING TRAINING

Core Training

Core training is the week-long training necessary before a home visitor sees a family or supervises any staff visiting a family. Growing Great Kids curriculum training is not required before initiating home visiting services. However, GGK training ***is required*** for coordinators who will be supervising home visitors. Such training will occur throughout the fiscal year.

Funding of Training and Start-up Grants

Training funds of approximately $750,000 have been distributed to local health departments to assist in the training of various programs, including Early Child Development programs. In addition, Medicaid and state reimbursement rates take into account start-up and training costs.

Responsibilities of the Department for Public Health and the Local Health Department

The Department for Public Health, Division of Adult and Child Health, the training coordinator, and outside providers, will be responsible for providing Core Training, Advanced Core Training, and Growing Great Kids Curriculum Training. Basic Training will be provided regionally, or locally in some instances, as long as those trainings meet program criteria.

The responsibility of the local provider is to attend the trainings necessary for staff to function within the program and to inform the Training Coordinator when a scheduled person cannot attend so that others may fill the open slot. Providers can bill the program only for visits, which are performed by staff who have completed the one-week Core training. Additional basic training should be completed within six months following completion of Core training.

Training Logs

Local sites are required to maintain a current training log for each individual HANDS employee. It is the site's responsibility to inform the technical assistant specialist of specific training needs, examples, substance abuse training, depression, and the like. Copies of the training logs do not need to be forwarded on a quarterly basis. The TA specialist will review the logs during the site visits.

TRANSFERS TRANSFERS

Transferring a family to another center

Original Site

1. Parent will need to sign a CH 23, Release of Information Form, to release information to the new site.
2. Original site will need to send a copy of the original chart to the next site.
3. Original site will need to document on the Master Patient Record that a patient has transferred.
4. Original site must keep the original chart.
5. In the HANDS software the exit screen will need to be completed to indicate the transfer.

Accepting Transfers

1. Site will accept a transfer if there is an opening in the current caseload.
2. If the caseload is full, the coordinator or supervisor has the discretion to decide whether staffing allows the ability to serve the family.
3. The original screen and parent survey will need to be recorded in the HANDS software. Complete in entirety a new Family Status form, Consent for Services, Childproofing Checklist, and Child and Family Rating Scale. Home visits and contacts will begin from the last visit at the previous site.

OTHER OTHER

Childproofing Checklist

The home visitor works with the parent in completing the Childproofing Checklist. Observe what you can; ask what you can. A parent signature is required.

A "post" Childproofing Checklist can occur in another home if the family has moved to a new residence.

Code of Ethics Agreement

All HANDS staff are required to subscribe to and abide by the Code of Ethics and sign it accordingly. The copies of the Code of Ethics are to be kept at the local health department.

The Information Technology Agreement needs to be signed by any health department staff with access to the HANDS electronic records. The form should be kept locally and a copy is also to be kept on file in Frankfort. Send the copies to Brenda Chandler at the HANDS Program, Mail Stop HS2GW-A, 275 East Main Street, Frankfort, 40621.

Collaboratives November 8, 2001

Each HANDS site is required to be working with a collaborative. This can be an existing council or board. You must be on the agenda at regular intervals to give an update on the program. HANDS sites are required to maintain the meeting minutes of the collaboratives and an up-to-date member list.

Evidence of collaboratives includes a referral screen process, cross referrals, and exchange of accurate information.

It is recommended that HANDS sites look for early childhood councils in your area.

Death

Fetus

Two billable home visitation services can occur for monitoring and case management within a 60-day period. These visits will be billed to the mother's medical card or to state funds if the participant does not have a medical card.

Infant

Two billable home visitation services for monitoring and case management can occur in a 60-day period. Home visits made after the death of the baby should NOT be billed to the baby. These visits will be billed to state funds. We can not bill Medicaid for a deceased person.

Domestic Violence

To report domestic violence, contact the local Community-Based Services office. Also, the Community Based Services form, ACH 310, can be used in order to help make the report.

Immunization Schedule November 8, 2001

The HANDS Health Progress Form ACH-313 uses the same guidelines as the Department for Public Health's Immunization Schedule.
All sites should check their health progress records against the lhd's clinic immunization record to ensure the accuracy of the immunization status of the HANDS child.

If a HANDS child is not receiving vaccinations in the health department, the home visitor should complete a CH 23, Release of Information Form. Submit the form to the child's immunization provider so that the lhd may have documentation of immunization status. HANDS workers should record these vaccinations on the health progress record in the HANDS chart as well as forward a copy of the immunizations to the clinic if the site is maintaining separate charts. The progress record should be updated as a child receives new vaccinations.

Resource Persons Programs November 8, 2001

When funds were calculated for the HANDS home visitation program, the dollars previously committed to Resource Persons Programs were included in the HANDS allocation. Therefore, there will be no additional 799 funds for the Resource Persons Program. Any activities continued under the Resource Persons Program, such as visitation of second and subsequent teen births, will need to be supported through local health department funds.

Since HANDS serves first-time families only, and since there may be second and subsequent teen births, local health departments may wish to continue services to this population. Should the local health department continue to provide these services, it should maintain records to substantiate need in the future.

When a health department becomes a HANDS site, any first-time teen birth must be rolled into the low-intensive service of HANDS. If the baby is under three months of age, the child can be screened for high-intensive HANDS services. The only eligible teen for the Resource Persons Program is a teen parent on her second or third birth. Resource Persons under this option is funded under 799. Resource Persons is an optional program for local health departments.